





HAWAII STATE ETHICS COMMISSION ORGANIZATION'S EXPENDITURES AND CONTRIBUTIONS PREPORTAL :53 MAY 17 ALL :53

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REF	ORT YEAR: 2013	3 '	Amended Statem	ent			STATE	OF HAWAII
For I	Lobbying Reporting Per	riod: 🔲 January 1 -	last day of February	√ Marc	h 1 - April 30	STATISTA	JEDE SMARKETHIC	S COMMISSION
OR	GANIZATION INFOR	RMATION			******			
Kaiser Foundation Health Plan Inc				Phyllis Dendle				
	anization Name			Contact Person				
71	1 Kapiolani Blvo	I						
Mail	ing Address (Number	and Street or P.O. Bo	ox)					
Honolulu				Н	11		96813	
City			State			Zip Code		
(808) 432-5210			• •	phyllis.dendle@kp.org				
Tele	phone	Extension	Email Address	3				
PAF	RT I. TOTAL EXPEN	DITURES						
							Total Amount	
1	Preparation & Distr	ibution of Lobbying	Materials			1	0.00	
2								
3	_					3	0.00	
4	Compensation Paid	d to Lobbyists (Attachylists and compensation	ched Additional Shee paid to lobbyists during th	ts As Neede le statement p	ed) eriod			
	Lobbyist Name				nsation Paid			
	A. Frank Richard	son	·	_ A	5,6	00.00		
	B. Phyllis Dendle)		_ в		00.00		
	c. John Kirmitsu			c	2,8	300.00		
	D			D				
	E			E		_		
	F			_ F				
	G. Total from Additional Attached Sheet(s)							
	Add lines A through	h G		Tota	Compensation	n Paid 🟲 4	11,400.00	
5	Fees Paid to Consultants (other than to Lobbyists)					5	0.00	
6	Entertainment & Ev	vents				6	0.00	
7	Receptions, Meals	Food & Beverages	S		******	7	0.00	
8	Gifts				·····	8	0.00	
9						-	0.00	
10	Other Disbursemer	nts			***************************************	10	0.00	
	Add lines 1 through	gh 10	<u></u>	·	Total Expend	ditures ▶	11,400.00	

EXPENDITURES OF \$25 OR MORE PER PERSON PER DAY Name and address of each person with respect to whom expenditures for the purpose of lobbying in the total sum of \$25 or more in any single calendar day was made and amount or value of expenditures. Amount or Value Name & Address Check here if additional sheets are attached AGGREGATE EXPENDITURES OF \$150 OR MORE PER PERSON Name and address of each person with respect to whom expenditures for the purpose of lobbying in the aggregate of \$150 or more was made during the statement period and amount or value of expenditures. Name & Address Amount or Value Check here if additional sheets are attached PART II. CONTRIBUTIONS RECEIVED Name and address of each person making contributions to the filer for purposes of lobbying in the total sum of \$25 or more during the statement period and the amount or value of such contribution. Name & Address Amount or Value Check here if additional sheets are attached PART III. SUBJECT AREAS OF LOBBYING Legislative and/or administrative action in the following areas was supported or opposed during the statement period: Human Services Science, Technology & Agriculture Education Economic Development Communications & Government Operation & Intergovernmental Relations, Tourism & Recreation Public Utilities Finance International Affairs Consumer Protection & Hawaiian Affairs Labor & Employment Transportation Commerce Planning, Land & Water Use Management Culture, Arts, Historic Other (indicate below): Health Preservation Ecology, Energy Environmental Protection Public Safety & Corrections Housing **AUTHORIZED PERSON** VP Legal & Government 5/15/2013 Frank P Richardson Print Name of Authorized Person (First M.I. Last) CERTIFICATION: By checking this box, you signify and affirm that you are the person whose name appears as the "Authorized Person"

above and the information contained in the form is true, correct and complete to the best of your knowledge and belief. You further

certify that you understand that there are statutory penalties for failing to report the information required by Hawaii law.